

**EDA-117 Multiple Location Schedule**

(attach to EDA-98)

IBT number: _____ - _____

Audit period: _____

Write tax amounts only.

Location code	_____	GM (pre 1/90)	1a	_____
	_____	GM (post 12/89)	1b	_____
Site name	_____	Food and drug	1c	_____
	_____	Local tax (pre 1/90)	2	_____
Address	_____	Co. sup. tax (pre 1/90)	3	_____
	_____	Mass transit (pre 1/90)	4	_____
	_____	CWCT (pre 1/90)	5	_____
	_____	Home rule sales tax	7a	_____
	_____	Home rule use tax	7b	_____
	_____	MPEA tax	8	_____
	_____	ART sales tax	10a	_____
	_____	ART local tax	10c	_____
	_____	ART MPEA tax	10d	_____

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Address	_____	Co. sup. tax (pre 1/90)	3	_____
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	_____	Home rule use tax	7b	_____
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Completed by _____

Date _____

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